

The Dog Haven



Telephone: 0208 786 3408

Email: enquiries@dog-haven.co.uk Web Site: www.dog-haven.co.uk

NEW BOOKING FORM

CLIENT DETAILS

Name:.....	Please state where did you hear about The Dog Haven:.....
Address:.....	Emergency Contact Details in UK:
Telephone No.s Home..... Work..... Mobile.....	Relationship to Owner:.....
Email.....	

YOUR DOG'S HOLIDAY

Date & Time of Arrival.....	Deposit due to Dog Haven..... (£7.50 per day one dog / £12 per day for two dogs / £15.00 per day for three dogs)
Date & Time of Collection.....	
Total number of days..... (includes day of arrival & departure)	Please note that all deposits are due following a successful meeting with a Dog Haven Carer. We are unable to keep bookings open for more than 10 days following our recommendation letter.

YOUR DOG'S DETAILS

Name:.....

Sex..... (M / F) Breed.....

Date of Birth:.....

Neutered/ Spayed.....(Y / N)
(We do not accept un-spayed bitches likely to be in season during the holiday)

Microchip No.....

Have you had your dog since puppy.....(Y / N)

Is your dog a rescue dog.....(Y / N)

(If YES please provide information which might be helpful such as behaviour problems)
.....
.....
.....

FEEDING ROUTINE

Times.....

Brand.....

Allowed Treats.....

Special dietary requirements.....

SLEEPING

Where does your dog sleep in the house.....
.....

EXERCISE

Time and duration of walks.....
.....

Do you walk your dog on the lead.....(Y / N)
If yes please explain why.....
.....

Will you provide a halti or gentle lead.....(Y / N)

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BEHAVIOUR

Does Your Dog?		Pull on lead.....	(Y / N)
Chase other animals.....	(Y / N)	Jump on furniture.....	(Y / N)
Bark Unduly.....	(Y / N)	Chew furniture.....	(Y / N)
Whine.....	(Y / N)	Jump At People.....	(Y / N)
Fight.....	(Y / N)	Dig the garden.....	(Y / N)
Bite/Snap/Scratch.....	(Y / N)	Run away.....	(Y / N)
		Like being stroked.....	(Y / N)

Is your dog housetrained / continent (Y / N)
Can your dog be placed in a household with small children..... (Y / N)
Has your dog been left with anyone in the past (Y / N)
Has your dog ever shown any aggression towards other animals..... (Y / N)
Has your dog ever bitten or attacked a person or another dog..... (Y / N)

Please provide details of anything that disturbs or unsettles you dog such as fireworks, lawnmowers, hoovers, postmen, cats, horses.....
.....

HEALTH & WELLBEING

Date of Last Vaccination..... Please provide details of any required medication
.....
Date of Last Worming Treatment.....
.....
Date Last Flea /Tick Treatment.....
Please provide details of health issues or recent illnesses
.....
Please note: De-worming treatment is due on a 3-monthly basis,
De-flea treatment is due on a monthly basis and MUST be up to date.

VETERINARY SURGEON

Name & Address: Dog's Registered Name:.....
.....
Phone Number:..... Please inform your vet that your dog will be in the care of The Dog Haven. A veterinarian release form must be signed at the Care's home.

INSURANCE

Is your dog insured.....(Y / N)
Insurance Co. name.....
Policy No.....
Phone Number.....

NOTES

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TERMS OF USE OF THE DOG HAVEN

All bookings, whether confirmed or pending an introductory meeting, are subject to our terms of use. Submission of a booking form constitutes acceptance of these terms and your confirmed use of our service will indicate your acceptance of the terms in force each time you use our service. As these terms may vary from time to time, you should make sure you are aware of the current version which is available on our website www.dog-haven.co.uk or on request from The Dog Haven, 208 Banstead Road, Banstead, Surrey, SM7 1QG. Tel: 0208 786 3408.

X SIGNATURE OF OWNER..... **DATE**.....**X**

I confirm I have read, understand and accept the terms of use referred to above.